

Advance Directive Questionnaire

The information requested below is essential in preparing your Advance Directive. If you need more space to answer a question, attach a separate sheet and indicate the question number to which it pertains. If both you and your spouse require estate planning documents, you will need to each fill out a separate questionnaire.

Basic Information

First Name _____
Middle Name _____
Last Name _____
Suffix (if any) _____
Maiden Name (if any) _____
Other Names Used _____
Date of Birth _____

Health Care Matters Appointee(s)

Who do you wish to appoint to handle all Health Care matters on your behalf?

Full Legal Name _____
Full Street Address _____
City _____
State _____
County _____
ZIP Code _____
Telephone Number _____
Date of Birth _____

If the Appointee named above cannot or will not serve in that capacity, who do you wish to name as the successor Appointee?

Full Legal Name _____
Full Street Address _____
City _____
State _____
County _____
ZIP Code _____
Telephone Number _____
Date of Birth _____

If the first successor Appointee named above cannot or will not serve in that capacity, who do you wish to name as the second successor Appointee?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

Date of Birth

Legal Permissions

1. Do you grant your agent the right to demand an autopsy?

_____ Yes

_____ No

2. Do you grant to you agent the right to cause your organs to be donated?

_____ Yes

_____ No

3. I want my body to be BURIED or CREMATED?

_____ Buried

_____ Cremated

4. Do you grant to your agent the right to demand your answer question #3, above?

_____ Yes

_____ No

Additional Questions

5. If I cannot communicate my wishes or If I am in a vegetative state, I want all medical means and machines available utilized to keep me alive regardless of my condition or the likelihood of my recovery?

_____ Yes

_____ No

6. If I cannot communicate my wishes or If I have a terminal condition (which means I have in incurable or irreversible condition that will result in my death in a relatively short period of time), I want all medical means and machines available utilized to keep me alive regardless of my condition or the likelihood of my recovery?

_____ Yes

_____ No

7. If I cannot communicate my wishes or If I am in a vegetative state, I want no action taken or medical means utilized to keep me alive in order to allow my natural death to occur?

_____ Yes

_____ No

8. If I cannot communicate my wishes or If I have a terminal condition (which means I have in incurable or irreversible condition that will result in my death in a relatively short period of time), I want no action taken or medical means utilized to keep me alive in order to allow my natural death to occur?

_____ Yes

_____ No

9. If I cannot communicate my wishes and I am in either a vegetative state or have a terminal condition, **do not take any action** that might cure me or extend my life, including machines and treatment, except (Initial if you want it to apply):

_____ If I cannot take food/nutrition by mouth, I want to receive nutrition by tube or other medical means.

_____ If I cannot take liquid/hydration by mouth, I want to receive fluids by tube or other medical means.

_____ If I cannot breathe, I want to have a ventilator used.

10. IN CASE OF PREGNANCY, GENERALLY NUMBERS 5-9 WILL HAVE NO FORCE AND EFFECT UNLESS THE FETUS IS NOT VIABLE AND I INDICATE BY INITIALING THAT I WANT IT TO BE CARRIED OUT IF NOT VIABLE

_____ Yes

_____ No

NOTE: Question 11 (below) need not be answered unless you want to name a guardian for yourself.

11. If I cannot make decisions for myself and a court decides I need a Guardian appointed, I hereby nominate:

The person appointed as my Health Care Agent herein:

_____ Yes

_____ No

If Question 11 (above) is answered "No", I nominate the following person:

First Name

Middle Name

Last Name

Suffix (if any)

Telephone Number

Date of Birth



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Date of Effect

I wish my above stated wishes to immediately take effect:

_____ Yes

_____ No

If “No”:

I wish my above stated wishes to take effect on the following date:

Date:

Send To:

John Adair, Partner

Telephone: +1 (770) 623-6484

Email: jadair@adairbaker.com



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